



Title: Dr / Mr / Mrs / Miss / Ms/ Other:		
Surname:	First name:	Preferred:
Date of birth: / /	Your occupation:	
Home address:		Postcode:
Postal address:		Postcode:
Phone (M):	H:	W:
Email:		
Health fund:	Membership No.	Patient ID.
Medicare Card No:	Patient ID:	Vet Affairs Card No.
Emergency contact: Relationship to you:		Contact No:
Medical Practitioner:		Contact No:
Person responsible for account (must be completed if patient under 16) if same as above please tick here:		
Name:		Relationship to patient:
Address:		Postcode:
Phone (M):	H:	W:

At Malvern Dental and Smile Design we take your personal and medical information seriously. This information is kept private and enables us to care for you comprehensively, safely and helps us to meet your individual needs.

We thank you for taking the time to complete this form as thoroughly as possible.

Private and Confidential:

I agree that the above is a true and accurate record. I understand that Malvern Dental and Smile Design Pty Ltd requires payment on the day of treatment. I further acknowledge that failure to attend any appointment without notice may also result in a non-refundable deposit requirement prior to future appointments being scheduled. I have read and agree with the privacy statement provided to me.

PLEASE NOTE: This form will be electronically copied to your clinical record file and the original will be subsequently destroyed. By signing this document you agree to this process. This form is a guide only and you should discuss any relevant matters with your dentist prior to the commencement of any dental treatments.

Signature

Date / /



MEDICAL HISTORY

Please answer these questions fully or discuss them with your dentist. Information about your medical history is for your dentist's use only.

Past/Current medical conditions:		
Are you receiving any medical treatment at present?	Yes	No
Details:		
Have you had any serious or long standing illness?	Yes	No
Details:		
Have you ever been hospitalised?	Yes	No
Details:		
Are you currently pregnant or breastfeeding?	Yes	No
Due date if pregnant		
Do you or have you ever smoked?	Yes	No
How many per day?		
Do you drink alcohol?	Yes	No
Amount per day or week?		
Have you ever had or are you currently receiving treatment for cancer?	Yes	No
Details:		
Are you allergic to any medications/tablets/antibiotics or other?	Yes	No
Details:		
Current medications (prescription, over the counter, herbal)	Yes	No
.....		
.....		
.....		
Please indicate if you have EVER had any of the following:		
Any heart complaint / treatment	Yes	No
Tuberculosis	Yes	No

Rheumatic fever or heart valve surgery	Yes	No
Any nervous system disorder	Yes	No
High or low blood pressure	Yes	No
Gastric ulcer / digestive conditions	Yes	No
Blood disorders	Yes	No
Asthma / bronchitis / lung conditions	Yes	No
Anti-coagulant therapy	Yes	No
Radiation therapy / chemotherapy	Yes	No
Joint replacement surgery	Yes	No
Thyroid disease	Yes	No
Osteoporosis or bone disease	Yes	No
Hepatitis A,B or C	Yes	No
Epilepsy	Yes	No
Jaundice or other liver diseases	Yes	No
Diabetes	Yes	No
Transplanted organ or bone marrow	Yes	No
HIV or other blood borne viruses	Yes	No
Arthritis	Yes	No
Steroid therapy	Yes	No
Depression / anxiety	Yes	No
Sinus trouble	Yes	No
Kidney disease	Yes	No
Stroke	Yes	No
Bisphosphonate medications	Yes	No
When was your last dental examination and clean?		
Are you currently experiencing pain or a specific dental problem?	Yes	No
Details.....		
Are you nervous, anxious or ever had a bad experience at a dental visit?	Yes	No
Details.....		
Are you happy with the appearance of your teeth and smile?	Yes	No

Details.....		
Do you have bleeding gums or have you ever been diagnosed with or treated for gum disease?	Yes	No
How frequently do you brush your teeth? ONCE A DAY / TWICE A DAY / Other		
How frequently do you floss or use brushes to clean between your teeth?.....		
Is there anything you would like to talk to your dentist about privately?	Yes	No
Would you like to discuss or find out more about any of the following: (please tick) <ul style="list-style-type: none"> • Implants or Replacement of missing teeth eg. Dentures • Cosmetic appearance • Orthodontics • Removal of wisdom teeth • Crowns or Veneers • Tooth whitening • Bad breath • Bleeding gums • Tooth grinding / Clenching • Root canal treatment • Replacement of silver (mercury) fillings 		

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Signature Date / /
.....

Private and Confidential

Privacy Statement:

Malvern Dental and Smile Design respects your right to privacy and considers all of the information you have provided to us to be personal information for the purposes of the Privacy Act 1988 (C'th) as amended ("Privacy Act").

Why Malvern Dental and Smile Design collects your personal information?
 Malvern Dental and Smile Design collects your personal information primarily to enable it to provide health care services to you in the most appropriate and efficient way. Malvern Dental and Smile Design, its related companies or agents ("Related Persons") may also use this information to promote health and related services to you or for other purposes permitted under the Privacy Act. How Malvern Dental and Smile Design collects your personal information Where possible we collect your personal information directly from you and where that is not reasonably practicable we may

collect your personal information from other sources. Malvern Dental and Smile Design may collect personal information directly from you when:

- you complete a new patient details form or a medical history form;
- you request information concerning Malvern Dental and Smile Design services in person, by phone or online. In addition we may collect personal information from Related Persons or health service providers such as health insurers, government agencies, hospitals, doctors and medical specialists. We may provide information to Related Persons of Malvern Dental and Smile Design to assist them in developing and promoting health-related products and services that may be of interest to you (unless you ask us not to).

How does Malvern Dental and Smile Design use your personal information?

Malvern Dental and Smile Design uses your personal information in accordance with National Privacy Principles. The personal information is used to: provide you with health and related services, including appointments and follow up services; promote the health-related products and services of Malvern Dental and Smile Design and Related Persons.

Your agreement: By providing your personal information to us you acknowledge and agree that Malvern Dental and Smile Design may: collect and use your personal information to provide health and related services to you; collect and use your personal information to contact you for market research and to provide you with information and offers about health-related products and services offered by Malvern Dental and Smile Design and Related Persons; and disclose your personal information on a confidential basis to Related Persons who may contact you for promotional and informational purposes in relation to health-related products and services. Our staff may contact you on available telephone numbers and email addresses. When our staff contact you and you are not available, they may leave messages which identify the caller or sender and the purpose for which the communication is made. Whenever you are provided with market research or marketing information by Malvern Dental and Smile Design or Related Persons you will be offered the opportunity to inform us if you do not want your personal information to be used for those purposes in the future. Please refer to Malvern Dental and Smile Design Privacy Policy at www.malverndentalandsmiledesign.com for further details or contact hello@malverndentalandsmiledesign.com